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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 065800001		CI	TY OR TOWN	MARION	
APPLICATION FOR	R RENEWAL:	Annu	al	LICE	NSED FOR 20	)13
		CLA	SS			YEAR
LICENSEE NAME:	GEORGE S. FER	RY, III & GEC	RGIANN	A SILVA		
DOING BUSINESS	A THE CAZ					
ADDRESS 10 BAR	ROS DRIVE					
CITY/TOWN: MA	RION	STATE:	MA	ZIP CODE:	02738	
MANAGER:	TY	PE OF LICEN	SE:Restau	rant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF					2014 1175 51	v my c
ONE STORY WOO ROOM, TWO ENTE						NING
I hereby certify and s	swear under penaltie	s of perjury tha	t:			
	ved license will be of			_		
	ee has complied with			_	to taxes; and	
3. the premi	ses are now open for	r business (ii n	ot explain	below)		
SIGNED BY						
SIGNED D1	Individual, Partne	r or Authorized	l Corporate	Officer		
SIGNED DI	Individual, Partne	r or Authorized	l Corporate	e Officer		
	Individual, Partne	r or Authorized	l Corporate	e Officer		
DATE:		r or Authorized	l Corporate		ER IDENTIFICAT	TION NUMBER:
			l Corporate	EMPLOYI	ER IDENTIFICAT	
	TELEPHON d, attest that we are d by the building in	NE NUMBER: e in possession aspector and the	(1) the ce ne head of	EMPLOYI (Note: <u>NOT</u> I rtificate requi the fire depar	ndividual Social S red by Chapto tment for the	er 304 of the above
DATE:  We the undersigne Acts of 2004, signer named license and	TELEPHON d, attest that we are d by the building in	NE NUMBER: e in possession aspector and the	(1) the ce ne head of ty insuran	EMPLOYI (Note: <u>NOT</u> I rtificate requi the fire depar	ndividual Social S red by Chapto tment for the y Chapter 116	er 304 of the above of the Acts
DATE:  We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below:  APPROVED:	TELEPHON d, attest that we are d by the building in	NE NUMBER: e in possession aspector and the	(1) the ce ne head of ty insuran	EMPLOYI (Note: <u>NOT</u> I rtificate requi the fire depar ce required by	ndividual Social S red by Chapto tment for the y Chapter 116	er 304 of the above of the Acts
DATE:  We the undersigner Acts of 2004, signer named license and of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	TELEPHON  d, attest that we ard by the building in (2) the certificate o	NE NUMBER: e in possession aspector and the	(1) the ce ne head of ty insuran	EMPLOYI (Note: NOT I rtificate requi the fire depar ce required by	ndividual Social S red by Chapto tment for the y Chapter 116	er 304 of the above of the Acts
DATE:  We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below:  APPROVED:	TELEPHON  d, attest that we ard by the building in (2) the certificate o	NE NUMBER: e in possession aspector and the	(1) the ce ne head of ty insuran	EMPLOYI (Note: NOT I rtificate requi the fire depar ce required by	ndividual Social S red by Chapto tment for the y Chapter 116	er 304 of the above of the Acts
DATE:  We the undersigner Acts of 2004, signer named license and of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	TELEPHON  d, attest that we ard by the building in (2) the certificate o	NE NUMBER: e in possession aspector and the	(1) the ce ne head of ty insuran	EMPLOYI (Note: NOT I rtificate requi the fire depar ce required by	ndividual Social S red by Chapto tment for the y Chapter 116	er 304 of the above of the Acts



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LICENSE NUI	MBER: 065800002	(	CITY OR TOWN MARION	
APPLICATION	N FOR RENEWAL	: Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	AME: KITTANSE	TT CLUB, THE		
DOING BUSIN	NESS A			
ADDRESS 11	BUTLERS POINT			
CITY/TOWN:	MARION	STATE: MA	ZIP CODE: 02738	
MANAGER:	GARCIA, JEREMIAH	TYPE OF LICENSE: Club	CATEGORY	All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
	N OF LICENSED P			
	WOOD BLDG,CLI AND ONE EXIT	UB HOUSE OR WINTER HO	OUSE,SO CALLED, HAVE F	IVE
I hereby certify	and swear under pe	enalties of perjury that:		
1. the 1	renewed license wil	l be of the same type for the sa	ame premises now licensed;	
2. the 1	licensee has complie	ed with all laws of the Commo	onwealth relating to taxes; and	
3. the 1	premises are now op	pen for business (If not explain	n below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpora	nte Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the build	we are in possession (1) the cling inspector and the head cate of liquor liability insura	of the fire department for the	e above
Please Check Belo	o <u>w:</u>		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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LICENSE NUMBER: 065800003	(	CITY OR TOWN MARIO	DN
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: Wave Restaur. DOING BUSINESS A Short Wave	,		
ADDRESS 210 SPRING STREET			
CITY/TOWN: MARION	STATE: MA	ZIP CODE: 02738	
MANAGER: Zell, Todd	TYPE OF LICENSE: Resta	nurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DINING ROOM AND BAR WITH OWN OF THE WOOD CONSTRUCTED BLDG WE CAPACITY OF 181 TABLES AND I hereby certify and swear under pensions.	TTH THREE ENTRANCES BOOTH SEATS AND 37 I	S AND ONE EXIT, TOTAL	
<ol> <li>the renewed license will be</li> <li>the licensee has complied</li> <li>the premises are now open</li> </ol>	with all laws of the Commo	onwealth relating to taxes; an	
SIGNED BY Individual, Pa	rtner or Authorized Corpora	ate Officer	
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soc	
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.	g inspector and the head o	of the fire department for	the above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUT	ТНОRITY
DATE:			



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LICENSE NUN	IBEK: 065800005		CITY OR TOW.	N MARION	
APPLICATION	FOR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
DOING BUSIN	ME: STONE ROC ESS A WAREHAM RD.	OSTER, INC., THE			
		GT 4 TT 3 4 4 4	GW G075	02720	
CITY/TOWN:	MARION	STATE: MA	ZIP CODE:	02738	
	downey, gilda petragalla	TYPE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION	OF LICENSED PR	REMISES:			
FLOOR,BASEN WITH PATIOS	MENT,GAME ROC TO EACH SIDE O	TTED BLDG WITH DINI M, TWO ENTRANCES A F THE FRONT OF THE T ND FLOOR OFFICE AND	AND ONE EXIT ( BUILDING. ONE	ON MAIN FLO	
I hereby certify	and swear under per	nalties of perjury that:			
1. the re	enewed license will	be of the same type for the	e same premises no	ow licensed;	
2. the li	censee has complied	d with all laws of the Com	monwealth relating	g to taxes; and	
3. the p	remises are now ope	en for business (If not expl	ain below)		
SIGNED BY	Individual, P	artner or Authorized Corp	orate Officer		
DATE:	TELEF	PHONE NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
	ILLLI	HOIVE IVONIBLIC.	(Note: NOT	Individual Social S	Security Number)
Acts of 2004, s	igned by the buildi	ve are in possession (1) the ng inspector and the hea ate of liquor liability insu	d of the fire depa	rtment for the	above
Please Check Below	<u>v:</u>		LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVEI					
(If disapproved	explain)		-		
DATE:					
DAID.					



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LICENSE NUI	MBER: 065800007	(	CITY OR TOWN MARION	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	AME: BEVERLY Y	ACHT CLUB		
DOING BUSI	NESS A			
ADDRESS 99	WATER ST			
CITY/TOWN:	MARION	STATE: MA	ZIP CODE: 02738	
MANAGER:	ODACHOWSKI, JOSEPH M.	TYPE OF LICENSE: Club	CATEGORY	: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION	N OF LICENSED PF	REMISES:		
		CTED BLDG WITH VERAN Y YACHT CLUB, TWO EN	NDA AND TERRACE BEING TRANCES AND EXITS	G THE
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the sa	ame premises now licensed;	
2. the	licensee has complied	d with all laws of the Commo	onwealth relating to taxes; and	
3. the	premises are now ope	en for business (If not explain	n below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpora	nte Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: <u>NOT</u> Individual Social	Security Number)
Acts of 2004,	signed by the buildi	ing inspector and the head o	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiaiii)			
DATE:			-	



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 065800008		CITY OR TOWN	MARION	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 140 FRO		AL STORE,INC.			
CITY/TOWN: MA	RION	STATE: M	A ZIP CODE:	02738	
MANAGER: CHE	NEY, DAVID TYP	E OF LICENSE:	Package Store Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI LICENSED PREMISO DD STORY WOOD C	ES:	N STORE WITH TWO	ENTRANCE	ES AND
<ol> <li>the renew</li> <li>the licens</li> </ol>		he same type for all laws of the Co pusiness (If not e			
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065800009	(	CITY OR TOWN MAR	RION
APPLICATION FOR RENEWAL:	Annual	LICENSED F	OR 2013
	CLASS		YEAR
LICENSEE NAME: SPIRITS,INC			
DOING BUSINESS A			
ADDRESS 154 FRONT ST S/E COR (	OF W/S		
CITY/TOWN: MARION	STATE: MA	ZIP CODE: 0273	38
MANAGER: CORKUM, TYBURTON L III	YPE OF LICENSE: Pack	age Store CATEGO	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
TWO ROOM STORE LOCATED IN TAT FRONT ST	HE SOUTHEASTERLY	YEND OF A BUILDING	S LOCATED
2. the licensee has complied wi     3. the premises are now open for  SIGNED BY  Individual, Partn		n below)	, und
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual	TIFICATION NUMBER: Social Security Number)
Please Check Below:		LOCAL LICENSING A	AUTHORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065800012	CITY OR TOWN MARION
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: MARION COUNTRY PKG STORE	E,INC.
DOING BUSINESS A	
ADDRESS 311 WAREHAM ST	
CITY/TOWN: MARION STATE: M	IA ZIP CODE: 02738
MANAGER: STRAWN, TYPE OF LICENSE MERRITT E	Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
LOCATED IN THE WEST END OF A ONE STORY WO TWO EXITS, WITH CELLAR FOR STORAGE	OOD BLDG WITH ONE ENTRANCE AND
<ol> <li>the renewed license will be of the same type for</li> <li>the licensee has complied with all laws of the C</li> <li>the premises are now open for business (If not e</li> </ol>	ommonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorized Co	orporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	000800010		CITY OR I	OWN MARION	
APPLICATION FOR R	RENEWAL:	Annual	I	LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: S	Serah W Dube				
DOING BUSINESS A	LIGHTHOUSE	LIQUORS			
ADDRESS 664 MILL	ST				
CITY/TOWN: MARIO	NC	STATE: MA	ZIP COI	DE: 02738	
MANAGER: DUBE,	SEREH W. TY	PE OF LICENSE: Pa	ckage Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LIG	CENSED PREM	ISES:			
TWO ROOM, WOOD TO WOOD FRAME D				REAR EXIT AT	ΓACHED
					-
2. the licensee	license will be of has complied with	es of perjury that:  f the same type for the th all laws of the Com or business (If not exp	monwealth rel		ſ
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		LOYER IDENTIFICA	
Please Check Below: APPROVED:				ICENSING AUTH	HORITY
DISAPPROVED:			By:		
(If disapproved explain)	)				
DATE:					



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LICENSE NUMBER: 065800017		CITY OR TOWN MARION	N
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: J.L MONG	ER, LLC		
DOING BUSINESS A SIPPICAL	N CAFÉ		
ADDRESS 167-169 SPRING ST			
CITY/TOWN: MARION	STATE: MA	ZIP CODE: 02738	
MANAGER: MONGER, JOE	TYPE OF LICENSE:R	destaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED			
ONE STORY, TWO ROOMS WITHREE EXITS. STORAGE IN R			E AND
I hereby certify and swear under p	penalties of perjury that:		
1. the renewed license wi	ll be of the same type for th	ne same premises now licensed;	
2. the licensee has compl	ied with all laws of the Cor	nmonwealth relating to taxes; and	1
3. the premises are now of	open for business (If not exp	plain below)	
SIGNED BY	Partner or Authorized Cor	norate Officer	
marviduai,	Tarther of Addiorized Cor	porate Officer	
DATE:	EDIJONE NI IMDED.	EMPLOYER IDENTIFIC	ATION NUMBER:
I ELA	EPHONE NUMBER:	(Note: NOT Individual Socia	
We the undersigned, attest that Acts of 2004, signed by the buil			
named license and (2) the certifof 2010.			
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FI	LED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	S 16A)